



Permit Number \_\_\_\_\_  
Date of Issue \_\_\_\_\_  
Expiration Date \_\_\_\_\_

## REDUCED FARE APPLICATION FOR DISABLED PERSONS

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

*I authorize the below-listed agency or physician to release my medical information to complete this application. I understand that information provided in this application is not confidential and is open to Department of Transportation and Federal Transit Administration authorized officials for compliance reviews.*

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

## VERIFICATION BY AGENCY OR PHYSICIAN

"Disabled person" means any individual who, by reason of illness, age, congenital malfunction, or other permanent or temporary incapacity or disability, including a person who is wheelchair bound or has semi-ambulatory capabilities, is unable, without special facilities or special planning or design, to use public transportation facilities and services effectively.

The following functions are necessary for effective use of mass transit:

- Negotiating stairs
- Boarding or alighting from a bus
- Standing on a moving bus
- Reading information signs
- Hearing announcements by bus operators
- Pulling the cord to signal an operator to stop the bus

**In detail, describe the condition(s) that limits the applicant's ability to effectively use the bus based upon the function(s) described above:**

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This limitation is **PERMANENT** or **TEMPORARY** (CIRCLE ONE)  
If temporary, please indicate effective time period\_\_\_\_\_

*By signing below, the agency representative or physician verify that the medical information provided on this application is true and correct.*

Name of Agency\_\_\_\_\_ Phone\_\_\_\_\_

Only representatives from the following agencies may verify a Reduced Fare Application:

Eau Claire County Human Services  
Eau Claire City/County Public Health Department  
Community Health Partnership  
Division of Vocational Rehabilitation Services

Title of Agency Representative\_\_\_\_\_

Signature\_\_\_\_\_ Date\_\_\_\_\_

**-OR-**

Physician's Signature\_\_\_\_\_ Date\_\_\_\_\_

Address\_\_\_\_\_ Phone\_\_\_\_\_

Eau Claire Transit may determine that an applicant is ineligible for the reduced fare program, including those individuals who have permanent or temporary conditions that may not affect their ability to make effective use of mass transit facilities and equipment. Persons who are denied eligibility for the reduced fare card will receive instructions on how to appeal the decision through the Eau Claire Transit Appeals Board.

Upon approval of this application, Eau Claire Transit will issue, by mail, an identification card qualifying the applicant for a reduced fare. The permit must be shown to the Bus Operator each time the cash fare is deposited in the farebox, or each time the applicant purchases tickets or a reduced fare pass.

**Warning: Fraudulently obtaining, copying or using a reduced fare card to ride the bus is a crime and will be prosecuted according to appropriate federal and state law.**

***Please return completed application to:***

Eau Claire Transit  
910 Forest Street  
Eau Claire, WI 54703  
(715) 839-5111